

IDAHO STATE TAX COMMISSION

FORMS SPECIFICATIONS FOR OCR SCANNABLE
SUBSTITUTE TAX FORMS
FOR

SALES TAX, WITHHOLDING TAX
&
PAYMENT OF ESTIMATED IDAHO CORPORATION INCOME TAX

Revised March 8, 2001
Idaho State Tax Commission
PO Box 36
Boise, ID 83722

Publication STC-Inf-2

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GENERAL INFORMATION

1. All forms filed with the State of Idaho must be official Idaho State tax returns or a **pre-approved** substitute tax form.

A substitute tax form is a form, other than the official Tax Commission form, that is commercially typeset and printed, computer generated or computer programmed.

2. Any company that designs, markets and/or files substitute tax forms for processing by the STC **must get prior approval from the STC before using the substitute tax forms.**
3. Substitute tax forms **must** be compatible with the STC automated processing system. The STC must be able to process the substitute tax form in the same manner as the official form; therefore, all substitute tax forms must meet the guidelines included in this publication. The STC reserves the right to reject any substitute tax form that does not meet the guidelines mentioned in this publication or that would cause processing problems.
4. Substitute tax forms **must** include a company identification code. The company identification code may be the company's initials or some other alpha or alpha-numeric code chosen by the State Tax Commission. Your company may suggest a code that would be compatible with other states.

The company identification code will identify the company responsible for designing the substitute tax form, not necessarily the designer of the software. And it will enable the Tax Commission to contact the correct company should a problem occur with their substitute tax form.

5. If you have questions or want to submit test data for substitute forms approval, call or write to:

Carrie Gill, Revenue Operations
Idaho State Tax Commission
PO Box 36
Boise ID 83722-0410
(208) 334-5360

6. The substitute forms specifications shown for Idaho State tax forms are only for the variable information on those forms. A forms design software will be necessary in order to produce the standard information on these forms.
7. If you wish to obtain copies of Tax Commission laws and rules, you may call (208) 334-7506 and an order form will be sent to you.

IDAHO STATE TAX COMMISSION
Requirements for Substitute Forms

NAME: 41ES Payment of Estimated Idaho Corporation Income Tax

PURPOSE: For the quarterly filing of estimated tax payments.

CONTENT:

<u>DATA ELEMENT NAME</u>	<u>OUTPUT SIZE</u>	<u>FORMAT</u>
Federal Employer ID Number	9	NN-NNNNNNN
Taxpayer Business Name	30	
Business Optional Address	30	
Business Mailing Address	30	
Business Mailing City	20	
Business Mailing State	2	
Business Mailing Zip Code	10	NNNNN-NNNN
Voucher Number	1	1,2,3 or 4
Fiscal Beginning Date	10	MM/DD/YYYY
Fiscal Ending Date	10	MM/DD/YYYY
Voucher Due Date	10	MM/DD/YYYY

SCAN LINE: Must be in OCR-A font. (fixed print, 10 pitch, 10 characters per inch).

CONTAINS:

Federal <u>E</u> mployer <u>I</u> D <u>N</u> umber	9	Numeric *
Permit Number	9	All Zeroes
Name Control	4	Alpha-numeric **
Tax Code	2	05
Tax Period	4	MMYY
Filing Cycle	1	X
Tran Code	2	10
Check Digit	1	Numeric

NOTE: * Include leading zeros. Do not include hyphens.

Example: permit # 1234 would be: 000001234

Example: EIN # 12-3456789 would be: 123456789

** Name control must be the first four letters and/or characters of the legal business name.
Do not include spaces. Do not include any punctuation with the exception of the
ampersand (&), and the hyphen (-).

Example: ABC& D COMPANY would be: ABC&

Example: BOB JONES, INC would be: BOBJ

F
O
R
M
41ES **PAYMENT OF ESTIMATED IDAHO BUSINESS INCOME TAX**
Federal Employer Identification No.
98-7654321

ROL02900
7-27-98

☐ Check here if there was a mailing address change.

JOHN Q TAXPAYER

4TH NW
BOISE ID 83707

Date	Telephone
------	-----------

Return this voucher with check or
money order payable to:
Idaho State Tax Commission
P.O. Box 76, Boise, Idaho 83707

For tax year
beginning

ending

Payment
due

VOUCHER	1
DATE DUE	04/16/2001
	01/01/2001
	12/31/2001

987654321 000000000 JOHN 05 1201 X 10 3

F
O
R
M
41ES **PAYMENT OF ESTIMATED IDAHO BUSINESS INCOME TAX**
Federal Employer Identification No.
98-7654321

ROL02900
7-27-98

☐ Check here if there was a mailing address change.

JOHN Q TAXPAYER

4TH NW
BOISE ID 83707

Date	Telephone
------	-----------

Return this voucher with check or
money order payable to:
Idaho State Tax Commission
P.O. Box 76, Boise, Idaho 83707

For tax year
beginning

ending

Payment
due

VOUCHER	2
DATE DUE	06/15/2001
	01/01/2001
	12/31/2001

987654321 000000000 JOHN 05 1201 X 10 3

F
O
R
M
41ES **PAYMENT OF ESTIMATED IDAHO BUSINESS INCOME TAX**
Federal Employer Identification No.
98-7654321

ROL02900
7-27-98

☐ Check here if there was a mailing address change.

JOHN Q TAXPAYER

4TH NW
BOISE ID 83707

Date	Telephone
------	-----------

Return this voucher with check or
money order payable to:
Idaho State Tax Commission
P.O. Box 76, Boise, Idaho 83707

For tax year
beginning

ending

Payment
due

VOUCHER	3
DATE DUE	12/17/2001
	01/01/2001
	12/31/2001

987654321 000000000 JOHN 05 1201 X 10 3

Instructions for Idaho Form 41ES

Quarterly Estimated Payments

WHO MUST MAKE ESTIMATED INCOME TAX PAYMENTS

A corporation is required to make estimated tax payments to the State Tax Commission if it is required to make estimated payments to the Internal Revenue Service and will have an Idaho income tax liability of \$500 or more. Estimated payments are not required if the corporation was not required to file an Idaho return the previous tax year.

If you received personalized payment vouchers, use the appropriate voucher for each filing period. If any of the preprinted information is incorrect, draw a line through it and enter the correct information. Check the box on the voucher if there is a change in your mailing address.

If you do not have a preprinted form, you may use the Form 41ES on the back of these instructions.

ESTIMATED TAX PAYMENTS

Each estimated tax payment must be 25% of the tax required to be reported on the corporation's return for the prior year, or 90% of the tax required to be paid on the current year's return, whichever is less.

For C corporations, the tax required to be reported is defined as Idaho taxable income multiplied by the appropriate tax rate, plus the permanent building fund tax, plus recapture of investment credit, minus allowable credits.

For S corporations, estimated tax payments are computed on the Idaho tax due to built-in gains, excess net passive income, or capital gains. Estimated payments are not required on the tax due on income being reported for individual shareholders.

A C corporation making estimated payments in a year following the revocation of subchapter S status will use \$20 as the tax amount required to be reported on the prior year's return.

COMPUTATION OF ESTIMATED TAX PAYMENTS

The worksheet on the back of this page will allow you to compare the tax on last year's return with the anticipated tax for the current year and, using the smaller of the two, determine the estimated payment for each period. If your estimated payments are based on 90% of the tax required to be paid on the current year's return and the anticipated tax for the current year is revised, use the revised amount to recompute any remaining estimated tax payments.

DUE DATES

For calendar year taxpayers, estimated payments are due on the 15th day of April, June, September and December.

For fiscal year taxpayers, estimated payments are due on the 15th day of the 4th, 6th, 9th, and 12th months of the tax year.

The due dates for the federal estimated tax payments and the Idaho estimated tax payments are the same. If the due date is on a Saturday, Sunday, or legal holiday, substitute the next work day as the due date.

UNDERPAYMENT OF ESTIMATED TAX

Interest is due on the difference between the amount of estimated payment required to be made on each quarterly voucher and the amount of quarterly payment actually made. Interest is computed from the due date of the estimated payment until the required amount is paid or until the due date of the return. The interest rate for 2001 was 8%. The interest rate for 2002 is 7%.

Form 41ESR, Underpayment of Estimated Tax by Corporations, is provided with your corporate income tax return packet. Use the form to determine the amount of any underpayments and interest due when you file your return.

OVERPAYMENT OF ESTIMATED TAX

Excess estimated tax payments will be refunded after the completed return is filed.

You may elect to apply the excess to the subsequent year's estimated tax by designating the carryover on the corporation income tax return, Form 41, or the S corporation return, Form 41S.

Overpayments will be applied to any prior year tax liabilities before carryovers or refunds are allowed. You will be notified if your overpayment is applied to an existing liability, reducing your refund or carryover.

ANNUALIZED INCOME AND ESTIMATED PAYMENTS

If your estimated payments are based on annualized income for federal purposes, you may use that same method for making Idaho estimated payments. The estimated tax due for the installment period is calculated by multiplying the applicable percentage (22.5%, 45%, 67.5% and 90% for the 1st, 2nd, 3rd and 4th installments, respectively) by the full year's tax on the annualized income for the period and deducting any prior installments.

SHORT TAX YEAR

If the short tax year ends prior to any remaining due dates, a final estimated payment will be made on the 15th day of the last month of the short tax year. No estimated tax payment is required if the short tax year is less than four months or if the requirements to make an estimated payment are not met before the first day of the last month in the short tax year.

IDAHO STATE TAX COMMISSION
Requirements for Substitute Forms

NAME: 850 Idaho Sales and Use Tax Return

PURPOSE: For sales and/or use taxpayers required to file monthly, quarterly, semi-annually or yearly.

CONTENT:

<u>DATA ELEMENT NAME</u>	<u>OUTPUT SIZE</u>	<u>FORMAT</u>
Permit Number	9	Numeric
Sales Indicator	1	S or U
Tax Period "From" Date	10	MM-DD-YYYY
Tax Period "To" Date	10	MM-DD-YYYY
Tax Period "Due" Date	10	MM-DD-YYYY
Taxpayer Permit Name	30	
Permit Optional Address	30	
Permit Mailing Address	30	
Permit Mailing City	20	
Permit Mailing State	2	
Permit Mailing Zip Code	10	NNNNN-NNNN

SCAN LINE: Must be in OCR-A font. (fixed print, 10 pitch, 10 characters per inch).

CONTAINS:

Federal <u>E</u> mployer <u>I</u> D <u>N</u> umber	9	Numeric *
Permit Number	9	Numeric *
Name Control	4	Alpha-numeric **
Tax Code	2	08
Tax Period	4	MMYY
Filing Cycle	1	M, Q, S, Y
Tran Code	2	50
Check Digit	1	Numeric

NOTE: * Include leading zeros. Do not include hyphens.

Example: permit # 1234 would be: 000001234

Example: EIN # 12-3456789 would be: 123456789

** Name control must be the first four letters and/or characters of the legal business name.
Do not include spaces. Do not include any punctuation with the exception of the
ampersand (&), and the hyphen (-).

Example: ABC& D COMPANY would be: ABC&

Example: BOB JONES, INC would be: BOBJ

ROL0150
4-17-96

~~Mailing address change~~

☐ Cancel permit

*This space
for State
use only* →

E.C.

R.C.

1. Total sales
2. Less nontaxable sales
3. Net taxable sales (line 1 minus line 2)
4. Items subject to use tax
5. Total taxable (add lines 3 and 4)
6. Tax (5% of line 5)
7. Adjustments (attach explanation)
8. Tax due (total of line 6 and 7)
9. Penalty (Add after due date)
10. Interest (Add after due date)
11. Total due

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature

Date

987654321 000456321 JOHN 08 0601 M 50 2

ROL0150
4-17-96

~~Mailing address change~~

☐ Cancel permit

*This space
for State
use only* →

E.C.

R.C.

1. Total sales
2. Less nontaxable sales
3. Net taxable sales (line 1 minus line 2)
4. Items subject to use tax
5. Total taxable (add lines 3 and 4)
6. Tax (5% of line 5)
7. Adjustments (attach explanation)
8. Tax due (total of line 6 and 7)
9. Penalty (Add after due date)
10. Interest (Add after due date)
11. Total due

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature

Date _____

987654321 000456321 JOHN 08 0601 Q 50 8

FORM 850 INSTRUCTIONS -- IDAHO SALES AND USE TAX

These instructions are to help you prepare your tax return. If you have questions about the application of sales and use tax laws, contact the nearest office of the State Tax Commission.

**A RETURN MUST BE FILED FOR EACH TAX PERIOD, EVEN WHEN NO TAX IS DUE.
LABELS ARE INCLUDED FOR YOUR CONVENIENCE.**

1. General. You are required to report tax using the accrual method. This means that you must report and pay tax on all cash and credit sales and items purchased subject to use tax even if payment has not been made. **You must sign your return to make it valid. Unsigned returns may result in penalty or interest, or both.**

2. Due Date. Returns cover either one month, quarter, semi-annual or annual period. **Each return indicates the period covered and the due date.**

Even if you have made no sales or acquired no items subject to use tax, you must file a return on time. Simply write -0- in the appropriate areas of the return.

3. Change of Mailing Address. Mark the "mailing address change" box on your tax return and provide the new address. If there is a change in location, see item #4.

4. Change in Operation/Ownership. Any change in operation of your business must be reported on an amended application. You must report changes in partners or officers, any restructuring of ownership, new location, address change, or additional locations.

5. New Owner. If you are a new owner of a business, **do not use a return which has been addressed to the former owner.** Permits are not transferable. Contact the nearest office of the State Tax Commission to obtain an application for a new number.

6. Cancel permit. If this is your last return, mark the "cancel permit" box on your tax return. Attach a statement giving information and the date of disposition of the business. If you operate more than one business under this permit number, please specify which business is closed and which is still open. Return your seller's permit with your request for cancellation.

Line 1. Total Sales. Enter the amount of all accrued sales for the period, including cash and credit transactions. Total Sales include:

- All sales originating in Idaho with an in-state destination, both wholesale and retail.
- All sales originating in Idaho with an out-of-state destination both wholesale and retail.
- All sales originating outside Idaho with an Idaho destination, both wholesale and retail.

Line 2. Nontaxable Sales. Enter the amount of all nontaxable sales for the period, including cash and credit transactions.

Line 3. Net Taxable Sales. Subtract line 2 from line 1.

Line 4. Items Subject to Use Tax. A use tax is imposed on the use, storage or other consumption of tangible personal property in Idaho upon which a sales tax has not been paid. Enter the taxable amount of items you purchased for use, storage or other consumption during this period on which you did not pay a sales tax.

Line 5. Total Taxable. Add lines 3 and 4.

Line 6. Tax. Multiply line 5 by 5%.

Line 7. Adjustments. Use this line when claiming adjustments to previous returns (such as errors in reporting or bad debt write-offs on accounts found to be worthless and actually charged off for income tax purposes). **A letter of explanation must be attached.** For assistance, call: (208) 334-7821 or toll-free 1-800-972-7660, ext. 7821.

Line 8. Tax Due. If line 7 results in an increase, add to line 6. If line 7 results in a decrease, subtract from line 6.

Line 9. Penalty. Delinquent returns are subject to a penalty of 5% per month of tax due or a minimum of \$10.00 (whichever is greater). The maximum penalty is 25%.

Line 10. Interest. Interest accrues on delinquent payments from the due date until paid. Rates are as follows:

1/1/2001 - 12/31/2001, 8% per year,
1/1/2000 - 12/31/2000, 8% per year,
1/1/1999 - 12/31/1999, 7% per year,
1/1/1998 - 12/31/1998, 8% per year.

Line 11. Total due this period. Add lines 8, 9 and 10. Pay this amount.

Taxes to be paid by electronic funds transfer. All payments to the State of Idaho may be paid by electronic funds transfer. Whenever the amount due is \$100,000 or greater, the law requires that electronic funds transfer be used. You must file your written tax return on or before the due date, indicating payment by Electronic Funds Transfer.

If you do not pay by electronic funds transfer, the total payment for tax due must accompany your return. Make your check or money order payable to the State Tax Commission. Do not staple your check to your return or send a check stub. Sign and date the return.

SAVE TIME - FILE ELECTRONICALLY....www2.state.id.us/tax/filing.htm

Mail return to: Idaho State Tax Commission, PO Box 76, Boise, Idaho 83707-0076

IDAHO STATE TAX COMMISSION OFFICES

800 Park Blvd., Plaza IV
PO Box 76
Boise, Idaho 83707-0076
(208) 334-7660

or
Toll Free: 1-800-972-7660

Hearing impaired (TDD)
1-800-377-3529

Suite 100
1910 Northwest Blvd.
Coeur d'Alene, Idaho 83814-2615
(208) 769-1500

1118 F Street
PO Box 1014
Lewiston, Idaho 83501-1014
(208) 799-3491

Suite 16
150 Shoup Avenue
Idaho Falls, Idaho 83402-3653
(208) 525-7116

Suite 5
611 Wilson Avenue
Pocatello, Idaho 83201-5029
(208) 236-6244

Suite C
1038 Blue Lakes Blvd. N.
PO Box 5227
Twin Falls, Idaho 83303-5227
(208) 736-3040

IDAHO STATE TAX COMMISSION
Requirements for Substitute Forms
NAME: 910, 958, 958-A Withholding Tax Return

PURPOSE: For withholding taxpayers required to file monthly, quarterly, or split-monthly.

910's for M or B (split-monthly)

958 for M, B or Q

958-A for B 4th quarter only

CONTENT:

<u>DATA ELEMENT NAME</u>	<u>OUTPUT SIZE</u>	<u>FORMAT</u>
Permit Number	9	Numeric
Withholding Indicator	1	W
Tax Period "From" Date	10	MM-DD-YYYY
Tax Period "To" Date	10	MM-DD-YYYY
Tax Period "Due" Date	10	MM-DD-YYYY
Taxpayer Permit Name	30	
Permit Optional Address	30	
Permit Mailing Address	30	
Permit Mailing City	20	
Permit Mailing State	2	
Permit Mailing Zip Code	10	NNNNN-NNNN

SCAN LINE: Must be in OCR-A font. (fixed print, 10 pitch, 10 characters per inch).

CONTAINS:

Federal <u>E</u> mployer <u>I</u> D <u>N</u> umber	9	Numeric *
Permit Number	9	Numeric *
Name Control	4	Alpha-numeric **
Tax Code	2	09
Tax Period	4	MMYY
Filing Cycle	1	M, B, Q
Tran Code	2	10 = Form 910 58 = Form 958 & 958-A***
Check Digit	1	Numeric

NOTE: * Include leading zeros. Do not include hyphens. **Example**: permit # 1234 would be: 000001234
Example: EIN # 12-3456789 would be: 123456789

** Name control must be the first four letters and/or characters of the legal business name. Do not include spaces. Do not include any punctuation with the exception of the ampersand (&), and the hyphen (-).

Example: ABC& D COMPANY would be: ABC&

Example: BOB JONES, INC would be: BOBJ

*** Form 958-A is used by split-monthly accounts for 4th quarter only.

IDAHO STATE TAX COMMISSION
Requirements for Substitute Forms

910 Idaho Withholding Payment Voucher

- ◆ Monthly and split-monthly accounts: The tax period in the scan line of your 910 payment voucher will be the last month of the quarter in the reporting period (i.e. January, February and March payments for 2001 would have a tax period of **0301**). The “from – to” dates on the top of the form represent the reporting period for the payment (i.e. 03-01-2001 03-31-2001). Payments are due by the 20th of each month.
- ◆ Payments can be made by electronic funds transfer (EFT). If you make payments by EFT, the 910 payment voucher is not required.
- ◆ Accounts with a quarterly filing cycle are not required to file 910 payment vouchers. 958 returns *with payment* for quarterly accounts are due by the end of the month following the quarter. 958 returns for monthly and split-monthly filers are also due at the end of the month following the quarter.
- ◆ For further information, see instructions for the 958 and the due date table in this manual.

910 IDAHO WITHHOLDING PAYMENT VOUCHER

ROL0310
6-7-99

ACCOUNT NO. FROM TO
000456321-W 05-01-2001 05-31-2001

PAYMENT DUE ON OR BEFORE
06-20-2001

JOHN Q TAXPAYER

800 PARK BLVD
BOI SE ID 83712-7742

Payment Amount •

00

MAIL TO: STATE TAX COMMISSION
PO BOX 76
BOISE ID 89707

987654321 000456321 JOHN 08 0601 M 10 9

958 IDAHO INCOME TAX WITHHOLDING RETURN

ACCOUNT NO 000456321-W FROM 01-01-2001 TO 03-31-2001
RETURN DUE ON OR BEFORE 04-30-2001

JOHN Q TAXPAYER

800 PARK BLVD
BOISE ID 83712-7742

MAIL TO: PO BOX 76 BOISE ID 83707-0076

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature	Date
----------------------	------

☐ Payment made by EFT
☐ Mailing address change ☐ Cancel Account

ROL2550
6-7-99

E.C.	R.C.
------	------

1. Idaho payroll	00
2. State tax withheld (first period)	00
3. State tax withheld (second period)	00
4. State tax withheld (last period)	00
5. Total tax withheld	00
6. Payments	00
7. Amount due	00
8. Adjustments	00
9. Penalty	00
10. Interest	00
11. Total due	00

987654321 000456321 JOHN 09 0301 M 58 9

958 IDAHO INCOME TAX WITHHOLDING RETURN

ACCOUNT NO 000456321-W FROM 04-01-2001 TO 06-30-2001
RETURN DUE ON OR BEFORE 07-31-2001

JOHN Q TAXPAYER

800 PARK BLVD
BOISE ID 83712-7742

MAIL TO: PO BOX 76 BOISE ID 83707-0076

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature	Date
----------------------	------

☐ Payment made by EFT
☐ Mailing address change ☐ Cancel Account

ROL2550
6-7-99

E.C.	R.C.
------	------

1. Idaho payroll	00
2. State tax withheld (first period)	00
3. State tax withheld (second period)	00
4. State tax withheld (last period)	00
5. Total tax withheld	00
6. Payments	00
7. Amount due	00
8. Adjustments	00
9. Penalty	00
10. Interest	00
11. Total due	00

987654321 000456321 JOHN 09 0601 Q 58 8

958 IDAHO INCOME TAX WITHHOLDING RETURN

ACCOUNT NO 000456321-W FROM 07-16-2001 TO 10-15-2001
RETURN DUE ON OR BEFORE 10-31-2001

JOHN Q TAXPAYER

800 PARK BLVD
BOISE ID 83712-7742

MAIL TO: PO BOX 76 BOISE ID 83707-0076

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature	Date
----------------------	------

☐ Payment made by EFT
☐ Mailing address change ☐ Cancel Account

ROL2550
6-7-99

E.C.	R.C.
------	------

1. Idaho payroll	00
2. State tax withheld (first period)	00
3. State tax withheld (second period)	00
4. State tax withheld (last period)	00
5. Total tax withheld	00
6. Payments	00
7. Amount due	00
8. Adjustments	00
9. Penalty	00
10. Interest	00
11. Total due	00

987654321 000456321 JOHN 09 0901 B 58 8

FORM 958 INSTRUCTIONS

Employers who file monthly or split-monthly must pay the tax by the 20th day of the month following the first, second or last period as defined in the Due Date Table below. Payments can be made either by Electronic Funds Transfer (EFT) or by check accompanied by a payment voucher, Form 910. Employers must also file a quarterly tax return, Form 958, to reconcile the taxes withheld and the payments made. The return is due by the last day of the month following the end of the filing period as defined in the Due Date Table.

Employers who file quarterly must use Form 958 to report and pay the taxes withheld. The return and payment are due by the last day of the month following the end of the quarter.

Employers who file yearly must use Form 956 to report and pay the taxes withheld. The return and payment are due by the last day of February.

Payments Made by Electronic Funds Transfer (EFT). All payments to the State of Idaho may be made by EFT. Whenever the amount due is \$100,000 or greater, the law requires EFT to be used. If payments are made by EFT, the monthly payment voucher is not required. If the amount on line 11 of the Form 958 is being made by EFT, check the box at the top of the form for EFT. For more information on how to make payments electronically, call (208) 334-7515 or toll-free 1-800-972-7660, ext 7515.

Payment Made by Check. If you do not pay by EFT, make your check or money order payable to the State Tax Commission. Payment must be postmarked on or before the due date.

Change of Mailing Address. If you want the returns sent to a different address, check the address change box on Form 958 and provide the new address.

New Owner. If you are a new owner of a business, **do not use a return which has been addressed to the former owner.** Accounts are not transferable. Contact the nearest State Tax Commission office to obtain an application for a new number.

Cancel Account. If you want to cancel your account, check the cancel account box on Form 958.

Signature. You must sign your return.

MONTHLY. Employers not required to report on a split-monthly basis or allowed to pay on a quarterly or yearly basis will pay the taxes withheld based on a calendar month.

SPLIT-MONTHLY. Employers withholding \$60,000 or more per year or \$5,000 per month are required to pay the taxes withheld based on a period beginning with the 16th of the month through the 15th of the following month. See the Due Date Table below.

QUARTERLY. Employers withholding less than \$500 per quarter may be allowed to report their payroll and pay the taxes withheld on a quarterly basis.

FARMERS. Farmers that are required to file with the State Department of Labor are required to report their payroll and pay the taxes withheld on a quarterly basis using Form 958, but may choose to pay the taxes withheld on a monthly basis.

Farmers not required to file with the State Department of Labor may report their payroll and pay the taxes withheld on a yearly basis using Form 956, but may choose to report their payroll and pay the taxes withheld on a quarterly basis using Form 958. For more information on the State Department of Labor's reporting requirement, contact the Department of Labor at 334-6341.

Payments. If you file monthly or split-monthly, the taxes withheld must be paid electronically or with a payment voucher, Form 910. See table below for the due dates. Including the preprinted voucher with your payment will ensure your account is properly credited. If you do not owe a payment, the filing of a "zero" payment voucher will eliminate a follow-up by the State Tax Commission.

If you file quarterly, the taxes withheld must be paid electronically or with the tax return, Form 958. Form 958 must be filed even if taxes are paid electronically.

Returns. Tax returns (Form 958) cover one quarter. Each return specifies the period covered and the due date.

DUE DATE TABLE

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
MONTHLY				
First period, Form 910 due	1/1 - 1/31, 2/20	4/1 - 4/30, 5/20	7/1 - 7/31, 8/20	10/1 - 10/31, 11/20
Second period, Form 910 due	2/1 - 2/28, 3/20	5/1 - 5/31, 6/20	8/1 - 8/31, 9/20	11/1 - 11/30, 12/20
Last period, Form 910 due	3/1 - 3/31, 4/20	6/1 - 6/30, 7/20	9/1 - 9/30, 10/20	12/1 - 12/31, 1/20
Filing period, Tax return (958) due	1/1 - 3/31, 4/30	4/1 - 6/30, 7/31	7/1 - 9/30, 10/31	10/1 - 12/31, 1/31
SPLIT-MONTHLY				
First period, Form 910 due	1/16 - 2/15, 2/20	4/16 - 5/15, 5/20	7/16 - 8/15, 8/20	10/16 - 11/15, 11/20
Second period, Form 910 due	2/16 - 3/15, 3/20	5/16 - 6/15, 6/20	8/16 - 9/15, 9/20	11/16 - 12/15, 12/20
Last period, Form 910 due	3/16 - 4/15, 4/20	6/16 - 7/15, 7/20	9/16 - 10/15, 10/20	12/16 - 1/15, 1/20
Tax Return	Form 958	Form 958	Form 958	Form 958-A
Filing period, Tax return due	1/16 - 4/15, 4/30	4/16 - 7/15, 7/31	7/16 - 10/15, 10/31	10/16 - 1/15, 1/31

PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR

ROUNDING AMOUNTS.

The amounts on your return must be rounded to the whole dollar. An amount less than 50 cents is reduced to the whole dollar. Amounts of 50 cents or more are increased to the next whole dollar.

Line 1. Enter the amount of Idaho taxable wages paid to your employees during the filing period.

Line 2.

MONTHLY AND SPLIT-MONTHLY:

Enter the amount of Idaho income tax withheld from the wages paid to your employees during the first period.

QUARTERLY:

Leave this line blank.

Line 3.

MONTHLY AND SPLIT-MONTHLY:

Enter the amount of Idaho income tax withheld from the wages paid to your employees during the second period.

QUARTERLY:

Leave this line blank.

Line 4.

MONTHLY AND SPLIT MONTHLY:

Enter the amount of Idaho income tax withheld from the wages paid to your employees during the last period.

QUARTERLY:

Enter the amount of Idaho income tax withheld from the wages paid to your employees during the filing period.

Line 4a.

SPLIT-MONTHLY ONLY:

For the fourth quarter, you will receive Form 958-A. Enter on line 4a the amount of taxes withheld during the period 1/1 through 1/15.

This information is necessary to reconcile your annual withholding. Line 4 is the entire amount of taxes withheld during the period 12/16 through 1/15.

Line 5. Add lines 2, 3 and 4.

Line 6.

MONTHLY AND SPLIT-MONTHLY:

Enter the total amount paid with Form 910 or by EFT for this period.

QUARTERLY:

This line should be blank unless payments were made with Form 910 or by EFT. If payments were made, enter the total amount paid for this period.

Line 7. Subtract line 6 from line 5.

Line 8. If an adjustment is necessary for a previous return, make the entry on line 8 and attach a statement explaining the adjustment. If no explanation is provided, the adjustment may not be allowed. For assistance, call: (208) 334-7797 or toll-free 1-800-972-7660. ext. 7797.

Line 9. Delinquent returns are subject to a penalty of 5% per month of tax due or a minimum of \$10.00 (whichever is greater). Maximum penalty is 25%.

Line 10. Interest accrues on delinquent payments from the due date until paid. Rates are as follows:

1/1/2001 - 12/31/2001, 8% per year,
1/1/2000 - 12/31/2000, 8 % per year.

Line 11. **Total due for this reporting period.** Add lines 7, 8, 9 and 10. Pay this amount.

Filing the return is the only way to report that you had no tax withheld.

Mail return to: Idaho State Tax Commission, PO Box 76, Boise, Idaho 83707-0076

SAVE TIME - FILE ELECTRONICALLY

www2.state.id.us/tax/filing.htm

MAILING LABELS ARE INCLUDED FOR YOUR CONVENIENCE.

IDAHO STATE TAX COMMISSION OFFICES

800 Park Blvd., Plaza IV
PO Box 76
Boise, Idaho 83707-0076
(208) 334-7660

or

Toll Free: 1-800-972-7660

Hearing impaired (TDD)
1-800-377-3529

Suite 100
1910 Northwest Blvd.
Coeur d'Alene, Idaho 83814-2615
(208) 769-1500

1118 F Street
PO Box 1014
Lewiston, Idaho 83501-1014
(208) 799-3491

Suite 16
150 Shoup Avenue
Idaho Falls, Idaho 83402-3653
(208) 525-7116

Suite 5
611 Wilson Avenue
Pocatello, Idaho 83201-5029
(208) 236-6244

Suite C
1038 Blue Lakes Blvd. N.
PO Box 5227
Twin Falls, Idaho 83303-5227
(208) 736-3040

IDAHO STATE TAX COMMISSION
Requirements for Substitute Forms

NAME: 956 Withholding Reconciliation /956-W Transmittal

PURPOSE: A withholding reconciliation form printed annually in December for all withholding taxpayers.

CONTENT:

<u>DATA ELEMENT NAME</u>	<u>OUTPUT SIZE</u>	<u>FORMAT</u>
Permit Number	9	Numeric
Withholding Indicator	1	W
Tax Period "From" Date	10	MM-DD-YYYY
Tax Period "To" Date	10	MM-DD-YYYY
Tax Period "Due" Date	10	MM-DD-YYYY
Taxpayer Permit Name	30	
Permit Optional Address	30	
Permit Mailing Address	30	
Permit Mailing City	20	
Permit Mailing State	2	
Permit Mailing Zip Code	10	NNNNN-NNNN

SCAN LINE: Must be in OCR-A font. (fixed print, 10 pitch, 10 characters per inch).

CONTAINS:

Federal <u>E</u> mployer <u>I</u> D <u>N</u> umber	9	Numeric *
Permit Number	9	Numeric *
Name Control	4	Alpha-numeric **
Tax Code	2	09
Tax Period	4	12YY
Filing Cycle	1	M, B, Q or Y***
Tran Code	2	56
Check Digit	1	Numeric

NOTE: * Include leading zeros. Do not include hyphens.

Example: permit # 1234 would be: 000001234

Example: EIN # 12-3456789 would be: 123456789

** Name control must be the first four letters and/or characters of the legal business name. Do not include spaces. Do not include any punctuation with the exception of the ampersand (&), and the hyphen (-).

Example: ABC& D COMPANY would be: ABC&

Example: BOB JONES, INC would be: BOBJ

*** This is the only form yearly accounts are required to file. See 958 Instructions on pages 11 & 12

ROL0531
1-29-96

☐ Mailing address change ☐ Cancel Account

1. Number of W-2s for year
2. Total Idaho payroll for year
3. Total state tax withheld
4. Total state tax paid
5. Difference between lines 3 and 4
6. If overpayment
check desired box
 - ☐ Credit
 - ☐ Refund
7. Penalty (Add after due date)
8. Interest (Add after due date)
9. Total lines 5, 7 and 8

800 PARK BLVD
BOISE ID 83712-7742

I do hereby swear or affirm that this information is true and correct to the best of my knowledge.

Authorized Signature	Date
----------------------	------

[illegible]**956-W IDAHO TRANSMITTAL - WAGE AND TAX STATEMENTS**

ROL0531
1-29-96

DATE ON OR BEFORE
02-28-2002

Number of W-2s for year

Total tax withheld on W-2s

**ATTACH W-2s behind this sheet in
SSN or alphabetical sequence.**

Attach an adding machine tape or other listing behind this sheet showing how you obtained the total withholding tax withheld as shown on all W-2 forms.

14

FORM 956 INSTRUCTIONS

IDAHO INCOME TAX WITHHOLDING ANNUAL RECONCILIATION

General Information for Forms 956 and 956-W: Form 956, Idaho Income Tax Withholding Annual Reconciliation, is used to compare the total amount of Idaho taxes you have withheld during the calendar year to the amount you have paid to the Tax Commission for that same calendar year.

Form 956-W (Idaho Transmittal - Wage and Tax Statement) is used to transmit the state copy of the Federal Forms W-2 and any applicable Forms 1099-R to the State Tax Commission. (Only Forms 1099-R showing Idaho income tax withholding should be attached.)

Refer to "Magnetic Media Filing" below to determine whether you are required to file W-2 information by magnetic media rather than in paper format.

Annual Filers: Employers who are required to report and pay the taxes withheld annually only need to file the Form 956 with the Form 956-W.

Who Must File: Every employer or other payer who had an active Idaho withholding account for any portion of the year or who has withheld Idaho taxes during the year must file.

When to File: Form 956 along with Form 956-W and Forms W-2 and/or Forms 1099-R are due on or before the last day of February.

Where to File: Send the signed and completed Form 956, 956-W and W-2s and/or Forms 1099-R to:

Idaho State Tax Commission
PO Box 76
Boise, ID 83707-0076

Form 956 Instructions:

Line 1. Enter the number of Forms W-2 and/or Forms 1099-R attached to the Form 956-W. Only Forms 1099-R with Idaho withholding should be included.

Line 2. Enter the total Idaho wages from the box titled "State wages, tips, etc." on the Form W-2.

Note: A worksheet is provided on the back of these instructions to help you arrive at the correct figures to enter on lines 3 and 4. This worksheet is not required by the Tax Commission, but is provided for your information and convenience.

Line 3. Enter the total Idaho withholding from the box titled "State Income Tax" on the Forms W-2 and 1099-R.

Line 4. Enter the total amount of withheld Idaho tax paid to the Tax Commission for the calendar year. DO NOT include any penalty or interest that you may have paid.

Line 5. Enter the difference between lines 3 and 4. Amounts of \$1 or less will not be refunded and should not be paid if due. Show any overpayment in brackets or parentheses.

Line 6. If Line 5 is an overpayment, check the appropriate box to indicate whether you want to receive a credit to your account or a refund check. Credits should not be used until notified by the Tax Commission.

Line 7. Penalty is due if the tax due from Line 5 is not paid or the Forms W-2 are not received by the due date printed on the return.

The penalty for filing your tax return late is 5% of the tax due for each month (or part of a month). The penalty for paying your tax late once you have filed your return is 0.5% of the tax due for each month (or part of a month). The minimum penalty is \$10; the maximum penalty is 25% of the tax due.

The penalty for failure to file or late filing of Forms W-2 is \$2 per month (or part of a month) for each W-2 (minimum \$10 - maximum \$2,000).

Line 8. Interest accrues on the unpaid tax from the due date until the date paid. Interest rates are as follows:

1/1/2001 - 12/31/2001, 8% per year,
1/1/2000 - 12/31/2000, 8% per year,
1/1/1999 - 12/31/1999, 7% per year,
1/1/1998 - 12/31/1998, 8% per year.

Line 9. Enter the total of lines 5, 7, and 8. Show overpayments in brackets or parentheses. Payment of any balance due should accompany this return.

You must sign your return to make it valid. Unsigned returns may result in the delay or denial of credits or refunds. Penalty or interest, or both, may also be applied.

Form 965-W Instructions:

Enter the number of Forms W-2 and/or Forms 1099-R attached and the total amount of Idaho tax withheld as reported on the attached Forms W-2 and/or Forms 1099-R. This information should be the same as that reported on Lines 1 and 3 of your Form 956.

Arrange the Forms W-2 and/or Forms 1099-R by Social Security Number or in alphabetic order. Attach an adding machine tape or other listing showing how you arrived at the total Idaho withholding amount.

Required Information for State W-2s:

Employer's name and address
Employer's EIN (federal Employer Identification Number)
Employer's Idaho withholding account number from the
Form 956 (do not include the "-W" at the end of the number)
Employee's name and address
Employee's social security number
State indicator
Federal and state taxable wages
Idaho income tax withheld
Tax year

All copies of Forms W-2 must be legible and unaltered. The form must be for the current year and show the correct state indicator. Your business name and federal Employer Identification Number must match the pre-printed Form 956.

Magnetic Media Filing: Idaho requires magnetic filing of Forms W-2 for employers who meet the Internal Revenue Service (IRS) requirement to file magnetically. For employers who meet the IRS requirements but have fewer than 50 employees working in Idaho, the state will accept either paper or magnetic filing. If you meet these requirements but do not file by magnetic media, a penalty may be charged.

Idaho specifications for filing Forms W-2 on magnetic tape or 5-1/4" or 3-1/2" diskette can be obtained by calling (208) 334-7787, visiting the Tax Pros page on the Commission's Web site at www2.state.id.us/tax/specifications.htm or contacting the Magnetic Media Coordinator at the address below.

The magnetic media must be mailed to the address below along with a signed, completed Form 956, and 96-T (Idaho Magnetic Media Transmittal). A 956-W is not required for magnetic media filing.

Idaho State Tax Commission
Magnetic Media Coordinator
PO Box 36
Boise, ID 83722-0410

Form 96-T is found in the Idaho Magnetic Media Specifications booklet, on the Commission's Web site, or can be obtained by calling (208) 334-7787. If a completed Form 96-T is not received, the magnetic media may be returned to you and a penalty charged for late filing of the Forms W-2.

Mail return to: Idaho State Tax Commission, PO Box 76, Boise, ID 83707-0076

IDAHO STATE TAX COMMISSION OFFICES

800 Park Blvd., Plaza IV
PO Box 76
Boise, Idaho 83707-0076
(208) 334-7660
or
Toll Free: 1-800-972-7660
Hearing impaired (TDD)
1-800-377-3529

Suite 100
1910 Northwest Blvd.
Coeur d'Alene, Idaho 83814-2615
(208) 769-1500

1118 F Street
PO Box 1014
Lewiston, Idaho 83501-1014
(208) 799-3491

Suite 16
150 Shoup Avenue
Idaho Falls, Idaho 83402-3653
(208) 525-7116

Suite 5
611 Wilson Avenue
Pocatello, Idaho 83201-5029
(208) 236-6244

Suite C
1038 Blue Lakes Blvd. N.
PO Box 5227
Twin Falls, Idaho 83303-5227
(208) 736-3040

Idaho Income Tax Withholding Reconciliation Worksheet

Step 1 Idaho Income Tax Withholding Summary For: _____
Calendar Year

Caution: A tax payment dated in January will most likely be for the prior calendar year. Be sure that you only include payments for the correct calendar year.

	Column A	Column B	Column C
	Actual Amount of Tax Withheld during the Calendar Month	Date Tax was Paid to the State Tax Commission	Amount Paid to the State Tax Commission
Month			
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
July	_____	_____	_____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
	_____		_____
	Column A Total		Column C Total

Step 2 Tax Withheld

1. Total from Column A above _____
2. Total Idaho Withholding from W-2 and/or 1099-R forms..... _____

If the amounts are the same on Lines 1 and 2, enter the amount on Form 956, Line 3 and proceed to Step 3. If the amounts on Lines 1 and 2 are different, review your records to identify the reason for the difference and make the appropriate corrections. If you discover that there is an incorrect amount reported on a Form W-2, you must pre-prepare and issue a corrected W-2 (Federal Form W-2C).

Step 3 Payments

1. Total from Column C above _____
2. Add any payments not included in Column C + _____
3. Subtract any penalty or interest included in the payment amounts listed in Column C - _____
4. Subtract any refunds received from tax periods within this calendar year - _____
5. Add any credits applied from a prior tax period + _____
6. Total the amounts from Lines 1, 2, 3, 4, and 5 _____

If you are a monthly or quarterly filer, stop here and enter the amount from Line 6 above on Form 956, Line 4. If you are a split monthly filer, continue to Line 7.*

SPLIT MONTHLY FILERS ONLY

7. Add tax withheld for 1/1 to 1/15 from Line 4a of your 1999 4th quarter 958-A, if not
already included + _____
8. Subtract tax withheld for 1/1 to 1/15 from Line 4a of your 2000 4th quarter 958-A, if not
already excluded - _____
9. Total the amounts from Lines 6, 7, and 8. Enter this amount on Form 956, Line 4 _____

***NOTE:** As a split monthly filer, your payment due 1/20 covers the period of 12/16 through 1/15. Since this reporting period crosses calendar years, you must make adjustments to arrive at the true calendar year tax amounts.

IDAHO STATE TAX COMMISSION
REVENUE OPERATIONS

OPTICAL CHARACTER RECOGNITION (OCR) SPECIFICATIONS

Paper Specifications

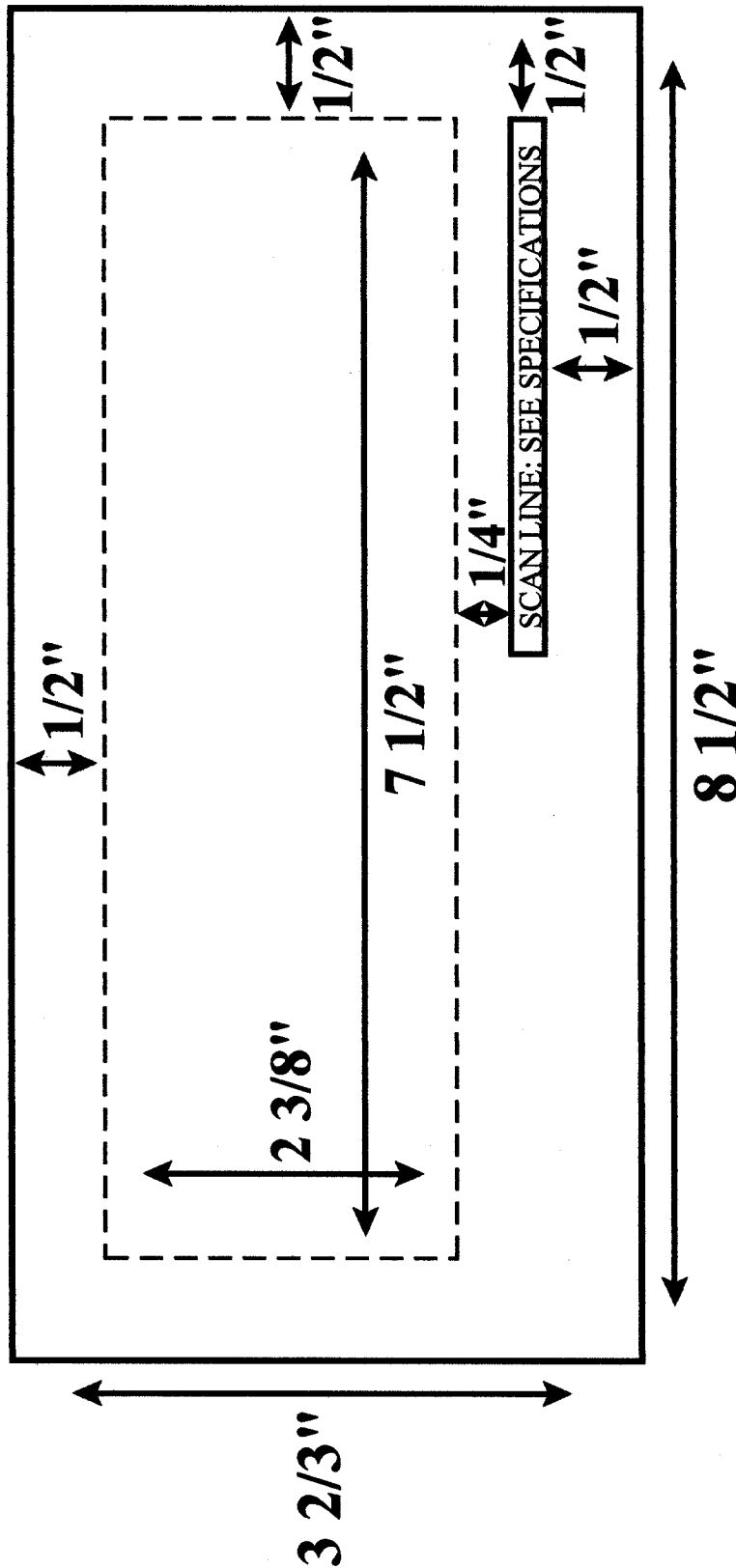
1. Width - 8 1/2"
2. Height - 3 2/3" (Coupons)
- 11" (Standard Size Forms)
3. Perforation Type - Standard Perf
4. Weight - 24#
5. Color - White (black ink)
6. Paper must contain properties that will allow data to be read by optical character recognition equipment. Such properties are gloss, porosity, reflectance and smoothness.
7. The dirt (dirt, specks, wood pulp or foreign marks) shall not exceed 150 marks per 1000 square inches.
8. Opacity - Paper with opacity of greater than 85% is preferable.

OCR Scan Line Data Fields

THE OCR SCAN LINE MUST BE OCR-A 10 PITCH - 10 CHARACTERS PER INCH -FIXED PRINT.

1. Employer Identification Number (EIN) 9 digits
2. Idaho Permit Number (assigned by Tax Comm) 9 digits
3. Name Control 4 characters
4. Tax Code 2 digits
5. Tax Period (month & year) 4 digits
6. Filing Cycle Code 1 character
7. Transaction Code 2 digits
8. Check Digit 1 digit

Coupon-Size Form With Scan Line



Form size: $3 \frac{2}{3}"$ X $8 \frac{1}{2}"$

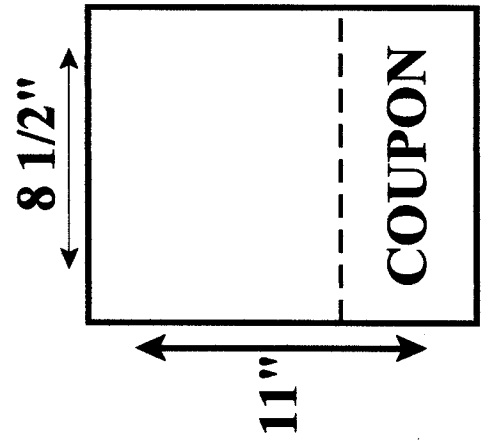
OCR Scan Line: $\frac{1}{2}"$ from bottom of print

OCR Scan Line: .10 inches in height

OCR Scan Line: Minimum $\frac{1}{4}"$ between scan line & print above

If coupon is printed on $8 \frac{1}{2}"$ X $11"$ paper, print the coupon at the bottom of the page with the dotted line at $3 \frac{2}{3}"$ from the bottom.

(See Diagram at right).



NOTE: Not to scale

CHECK DIGIT VALIDATION

The calculation for the check digit is *Modulus 10 Luhns Sum of Digits*. It can be found in the scanline of all of the OCR scannable income tax returns. The check digit is found in position 39 of the scanline. The calculation to validate the check digit is performed on positions 1 through 38 of the scanline. The spaces separating two fields are **not** included in the calculations.

Numbers 0-9 are equal to their face value.

Numbers 10 and above are equal to the sum of their two digits.

Example: $10 = 1+0 = 1$
 $14 = 1+4 = 5$
 $18 = 1+8 = 9$

The letters of the alphabet are valued as follows:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	2	3	4	5	6	7	8	9

AMPERSAND (&)= 0, DASH (-)= 0, AND BLANK SPACES = 0

SCANLINE POSITIONS = 123456789012345678901234567890123456789

EXAMPLE SCANLINE = 826000284 000060008 BOIS 09 0301 M 58 1

WEIGHTING FACTOR = 121212121 212121212 1212 12 1212 1 21 C

Continued on next page.

Check validation calculations are done as follows:

8	x 1= 8
2	x 2= 4
6	x 1= 6
0	x 2= 0
0	x 1= 0
0	x 2= 0
2	x 1= 2
8	x 2= 1 + 6 = 7
4	x 1= 4
0	x 2= 0
0	x 1= 0
0	x 2= 0
0	x 1= 0
6	x 2= 1 + 2 = 3
0	x 1= 0
0	x 2= 0
0	x 1= 0
8	x 2= 1 + 6 = 7
2(B)	x 1= 2
6(O)	x 2= 1 + 2 = 3
9(I)	x 1= 9
2(S)	x 2= 4
0	x 1= 0
9	x 2= 1 + 8 = 9
0	x 1= 0
3	x 2= 6
0	x 1= 0
1	x 2= 2
4(M)	x 1= 4
5	x 2= 1 + 0 = 1
8	x 1= 8
TOTAL	89

1. Sum of the digits. Sum equals 89.
2. Divide the sum by 10. $89/10 = 8$ plus a remainder of 9.
3. Subtract the remainder from 10. $10 - 9 = 1$.
4. The check digit equals 1.

NOTE: The "C" used in the example of weighting factor designates the location of the check digit. It has no other purpose.

NOTE: If the remainder is equal to zero, the check digit is 0.